



MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare,
Division of Medicaid

October/November 2025

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The content of this guidance document is not new law but is an interpretation of existing law prepared by the Idaho Department of Health and Welfare to provide clarity to the public regarding existing requirements under the law. This document does not bind the public, except as authorized by law or as incorporated into a contract. For additional information or to provide input on this document, contact the Idaho Division of Medicaid by emailing medicaidcommunications@dhw.idaho.gov or by calling (208)334-5747.

Oxygen Equipment and Supplies

The Medicaid Program Integrity Unit found that some durable medical equipment (DME) suppliers are billing for oxygen equipment longer than allowed.

Federal law (the 2005 Deficit Reduction Act) limits how long oxygen equipment can be rented and used:

- 36 months (three years) for the rental period, and
- 60 months (five years) for the useful lifetime of the equipment.

Common Problems Found

Suppliers have been missing important documentation, such as:

- Proof of delivery and a doctor's (or non-physician practitioner's) order to start a 36-month rental.
- Proof that the member is still using the equipment and still needs it, including documentation of contact with the member.

Rules and Standards

IDAPA 16.03.26.272 states Idaho Medicaid must follow Medicare's national rules for what medical equipment is covered and how long it can be rented or replaced. These rules are also explained in the Idaho Medicaid Provider Handbook.

Key Limits for Oxygen Equipment

- Each piece of oxygen equipment has a 36-month rental period and a 24-month maintenance period, for a total of 60 months (five years) of use.
- Suppliers must stop billing for rental fees after 36 months.
- The five-year lifetime starts from the date the equipment is delivered.
- If a member uses both stationary and portable oxygen, the five-year limit applies separately to each.
- After 36 months, suppliers may bill for contents (liquid or gas refills) and maintenance as allowed:
 - Maintenance can be billed every six months starting in month 42.
- The original supplier (the one who provided the equipment first) must continue to provide all parts, supplies, and service for the full 5-year period.

What the Monthly Rate Covers

The monthly payment includes:

- The equipment and its contents
- Maintenance, repairs, and accessories such as:
 - Flow valves
 - Humidifiers or nebulizers
 - Tubing, masks, nasal cannulas
 - Gas or liquid oxygen contents

Medical Necessity Requirements

Medicaid will only pay for oxygen services that are medically necessary and meet:

- Medicare's National Coverage Determination (NCD) 240.2 – Home Use of Oxygen, and
- Local Coverage Determination (LCD) L33797 – Oxygen and Oxygen Equipment.

The lab results and doctor's order are valid for one year from the test date—unless the doctor indicates a lifetime need. Medicaid doesn't accept prescriptions written as "PRN" or "as needed."

Starting a New 36-Month Period

A new 36-month rental period can only begin if:

- Prior authorization is approved, and
- The equipment meets replacement requirements (for example, if it is lost, stolen, or no longer usable).

The 36-month period doesn't restart if:

- The equipment is repaired or replaced during its useful lifetime;
- The five-year limit is reached;
- The member switches to a different type of oxygen system; or
- There is a short break in service or need.

For Members with Both Medicare and Medicaid

If the member has both Medicare and Medicaid, the supplier can't bill Medicaid for oxygen equipment after Medicare's 36-month payment period ends.

Where to Find More Information

For full and current details, see the Idaho Medicaid Durable Medical Equipment and Supplies Handbook. It covers:

- Documentation rules (proof of contact, continued use and need)
- Special rules for members under 21 or those who use ventilators
- Billing modifiers
- Maintenance and service breaks

Clinical Fellows for OT, PT and SLP

Billing Under My Own NPI as a Clinical Fellow

Starting January 1, 2026, if you are a clinical fellow, you must bill for your own services using your own National Provider Identifier (NPI).

You can start getting ready now by:

- Applying for your NPI, and
- Beginning the process to enroll with Idaho Medicaid.

If you're ready early, you can voluntarily start billing under your own NPI on November 1, 2025.

When Can I Bill Under My Supervisor's NPI

After January 1, 2026, you can only bill under your supervising therapist's NPI if all of the following are true:

1. You're enrolled with Idaho Medicaid;
2. The member you're serving has a third-party insurance plan (like private insurance);
3. You're waiting for credentialing (approval) with that third-party insurance; and
 - You submitted your credentialing application before the date of service;
 - Your application meets the insurance company's requirements; and
 - The service date is within 120 days of submitting your application.

Documentation I Must Have

To bill under your supervisor's NPI in this situation, you must keep all of the following records:

- Proof that you submitted your credentialing application to the third-party insurance;
- Proof that you were successfully credentialed with that payer; and
- Proof that you met all third-party liability requirements.

All other Idaho Medicaid rules for therapy services still apply.

For more details, you can check the [Therapy Services](#) section of the Idaho Medicaid Provider Handbook.

If you have questions or suggestions, you can email the [Medicaid Policy Team](#).

Audiology Coding

Effective January 2026, Idaho Medicaid will no longer allow audiologists to bill for certain evaluation and management codes in keeping with national billing guidelines. Effected codes include:

- 99201-99205
- 99211-99215
- 99221-99223
- 99231-99236
- 99238-99239
- 99354-99357
- 99360

Questions about this article or suggestions about the provider handbook may be submitted to the [Bureau of Policy](#).

Provider Handbook Updates

The following substantial Idaho Medicaid Provider Handbook updates will be published in November.

The Agency-Professional handbook will be converted into the [HCBS and LTSS](#) provider handbook. Content has been completely revised, and providers are encouraged to familiarize themselves with the new content to stay in compliance.

The [DMEPOS](#) handbook will be updated to:

- Change criteria for wheelchair elevation.
- Correct amount required for bids under the Developmental Disabilities (DD) Waiver.
- Include new codes for the October quarter.

The [General Information and Requirements for Providers](#) handbook will be updated to:

- Demonstrate the hierarchy of regulations.
- Clarify billing members when a prior authorization is not requested is not allowed.
- Include backdating enrollment and National Provider Identifier (NPI) requirements.
- Clarify signature requirement on changes of ownership.
- Add information about out-of-state requirements.
- Update the requirements for medical necessity.
- Add choice of providers information.

The [Medical Services](#) handbook will be updated to:

- Clarify when a prior authorization would be required by Telligen, Inc.
- Incorporate information on radiology including mobile imaging units.
- Add information about operating room technicians from a sun setting handbook.
- Update requirements and information for clinic services.
- Integrate the nutritional services policy from a sun setting handbook.
- Revise the lactation counseling policy.
- Integrate provider-preventable conditions from the ASC handbook.

The [Public Health Districts](#) handbook will be updated to:

- Add provider qualifications.
- Incorporate pregnant women requirements.
- Revise documentation requirements to match standards.

The [Therapy Services](#) handbook will be updated to:

- Provide for new billing requirements of clinical fellows.
- Add coverage of 97530 for dysphagia and swallowing disorders for occupational therapists.
- Clarify plan of care requirements for how multiple providers can be involved in treatment. Also, to provide more detailed information on time frames.

Questions about this article or suggestions about the provider handbook may be submitted to the [Bureau of Policy](#).

Continued: Provider Handbook Updates

The following Idaho Medicaid Provider Handbook updates have been or are going to be published.

The [Ambulatory Health Care Facility](#) handbook will be significantly rewritten in November and the name changed to Ambulatory Healthcare Facility Services. Providers are encouraged to refamiliarize themselves with the contents.

The [Ambulatory Surgical Centers](#) handbook will be renamed to Ambulatory Surgical Center Services and updated in November to:

- Revise criteria for determining coverage.
- Direct providers to Hospital Services for transplant requirements.
- Revise sections to allow for scope of practice.
- Revise documentation requirements.
- Add an explanation of bundled services.

The [Behavioral Health and Social Service Providers](#) will be renamed to Behavioral Health and Social Services handbook and will be updated in November to:

- Add info on non-eligible members for pregnancy-related social services.
- Change allowance of providers to allow for scope of practice.

The [Eye and Vision Services](#) handbook will be updated in November to:

- Add information around codes that require KX modifier.
- Compile the items included in an intermediate ophthalmological service.
- Revise sections to allow for scope of practice.
- Clarify vision therapy services requirements for therapy handbook applicability, remove prior authorization for certain age ranges.

Questions about this article or suggestions about the provider handbook may be submitted to the [Bureau of Policy](#).

Lactation Counseling

Idaho Medicaid reimburses for individual or group lactation counseling when provided by a healthcare provider acting within their scope of practice, registered nurse (RN) certified lactation consultant, or certified lactation consultant. Lactation services are covered for one initial antepartum session within two weeks of the expected date of delivery and two postpartum visits

within the first month of delivery. Lactation counseling is reimbursable in addition to services covered under the global billing for obstetric care.

Providers may bill for less complex lactation counseling services by utilizing the following Preventative Medicine Counseling CPT® codes (99401–99404) or Lactation Classes HCPCS (S9443), when billed with ICD-10-CM diagnosis code (Z39.1) Encounter for care and examination of lactating mother.

Approved Group Lactation Counseling Services	
Code	Description
S9443	Lactation classes, nonphysician clinician, per session
Approved Individual Lactation Counseling Services	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes

Providers acting within the scope of their license such as a physician, certified nurse midwife, clinical nurse specialist, nurse practitioner, pharmacists, physician assistant, and RN certified lactation consultants can bill for more complex cases beyond routine counseling services utilizing the following evaluation and management (E&M) CPT® codes (99202-99205, 99212–99215, 99341, 99342, 99347-99349). These services would include taking the woman’s history, examining her breasts and nipples, observing a breastfeeding, and making a diagnosis and treatment plan for the woman. Only the diagnoses in the table below are approved for E&M visits. The level of service billed must be supported by adequate documentation and meet E&M billing requirements.

Approved ICD-10-CM diagnosis codes for Breast and Nipple Issues:	
Code	Description
Breast/Nipple Infection	
O91.02	Infection of nipple associated with puerperium
O91.03	Infection of nipple associated with the lactation
Nipple Abscess/Breast Abscess	
O91.12	Abscess of breast associated with puerperium
O91.13	Abscess of breast associated with lactation
Mastitis NOS	
O91.22	Nonpurulent mastitis associated with the puerperium
O91.23	Nonpurulent mastitis associated with lactation
Retracted Nipple	
O92.02	Retracted nipple associated with the puerperium
O92.03	Retracted nipple associated with lactation
Cracked Nipple	
O92.12	Cracked nipple associated with the puerperium
O92.13	Cracked nipple associated with lactation
Others	
O92.29	Other disorders of breast associated with pregnancy and the puerperium

Approved ICD-10-CM diagnosis codes for Breast and Nipple Issues:

Code	Description
O92.3	Agalactia
O92.4	Hypogalactia
O92.5	Suppressed lactation
O92.6	Galactorrhea
O92.70	Unspecified disorders of lactation
O92.79	Other disorders of lactation (puerperal galactoceles, engorgement)
Q83.8	Other congenital malformations of breast
R20.3	Hyperesthesia (burning)
B37.2	Candidiasis of skin and nail
L01.00	Impetigo, unspecified

If a member is seen by a healthcare provider and the RN certified lactation consultant at the same time, the provider will report a single Evaluation and Management (E&M) code for both services. The code level selected would be based on the combined level of service by the two clinicians and supported by adequate documentation.

For coverage of breast pumps see the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies](#), Idaho Medicaid Provider Handbook.

CPT® and HCPCS Coverage Update

The following codes are being added for coverage. These codes pertain to benefits already approved under the Idaho Medicaid State Plan and Waivers. Please, allow additional time for the system to be updated. Claims will be reprocessed once complete. All statute, rule and provider handbook requirements apply.

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
A4288	Valve for breast pump, replacement	10/1/2025	No
A9612	Injection, fluorescein, 1 mg	10/1/2025	No
A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie	10/1/2025	No
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed	10/1/2025	No
C9305	Injection, nipocalimab-aahu, 3 mg	10/1/2025	Yes, Pharmacy
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	10/1/2025	Yes, Pharmacy
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height	10/1/2025	Yes, Telligen

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	10/1/2025	Yes, Telligen
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	10/1/2025	Yes, Telligen
J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg	10/1/2025	No
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	10/1/2025	No
J0458	Injection, aztreoN/Am/avibactam, 7.5 mg/2.5 mg (10 mg)	10/1/2025	Yes, Pharmacy
J0462	Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	10/1/2025	No
J0525	Injection, cefotetan disodium, 10 mg	10/1/2025	No
J0570	Buprenorphine implant, 74.2 mg	10/1/2025	No
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to j0583, 1 mg	10/1/2025	No
J0614	Injection, treosulfan, 50 mg	10/1/2025	No
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	10/1/2025	No
J0675	Injection, carboprost tromethamine, 0.1 mg	10/1/2025	Yes, Pharmacy
J0681	Injection, ceftobiprole medocaril sodium, 3 mg	10/1/2025	Yes, Pharmacy
J0738	Injection, leN/Acapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	10/1/2025	No
J0752	Oral, leN/Acapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	10/1/2025	No
J0759	Injection, clevidipine butyrate, 1 mg	10/1/2025	No
J1370	Injection, esomeprazole sodium, 1 mg	10/1/2025	No
J1612	Injection, glucagon (gvoke), 0.01 mg	10/1/2025	No
J1807	Injection, ethacryN/Ate sodium, 1 mg	10/1/2025	No
J1809	Injection, fosdenopterin, 0.1 mg	10/1/2025	Yes, Pharmacy

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
J1834	Injection, isoniazid, 1 mg	10/1/2025	No
J2151	Injection, mannitol, 250 mg	10/1/2025	No
J2291	Injection, N/Afcillin sodium (baxter), 20 mg	10/1/2025	No
J3290	Injection, tranexamic acid, 5 mg	10/1/2025	No
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	10/1/2025	Yes, Pharmacy
J3403	RevakiN/Agene taroretcel-lwey, per implant	10/1/2025	No
J7173	Injection, concizumab-mtci, 0.5 mg	10/1/2025	Yes, Pharmacy
J7174	Injection, fitusiran, 0.04 mg	10/1/2025	Yes, Pharmacy
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	10/1/2025	Yes, Pharmacy
L1007	Scoliosis orthosis, sagittal-coroN/AI control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	10/1/2025	Yes, Telligen
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	10/1/2025	No
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by I6692	10/1/2025	Yes, Telligen
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	10/1/2025	Yes, Telligen

Covered Codes			
Codes	Description	Effective Date	Prior Authorization
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of covid-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, not otherwise classified, 1 mg	10/1/2025	No
Q0237	Injection, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	1/24/2025	No
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	10/1/2025	Yes, Pharmacy
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	10/1/2025	No
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	10/1/2025	Yes, Pharmacy
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	10/1/2025	No
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	10/1/2025	No
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	10/1/2025	No

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Questions and comments about this article may be submitted to the [Bureau of Policy](#).

Information Releases

Medicaid has recently published the following IRs:

- [MA25-19 Provider Rates – AMENDED](#)
- [MA25-20 Behavioral Health Claims](#)
- [MA25-22 Hospice Rates](#)
- [MA25-24 Billing for Diabetes Equipment and Supplies](#)
- [MA25-25 Ventolin HFA Transition to Non-Preferred Status](#)

Provider Training Opportunities

You are invited to attend the following webinars offered by Gainwell Technologies Regional Provider Relations Consultants.

December: General Claim Submission

This training will walk Respite Care providers through the process of signing up for a trading partner account, viewing prior authorizations, creating patient rosters, verifying eligibility, accessing remittance advice reports, and submitting and reviewing claims.

Training is delivered at the times shown in the table below. Each session is open to any region, but space is limited to 25 participants per session, so please choose the session that works best for your schedule. To register for training, or to learn how to register, visit www.idmedicaid.com.

	December	January	February
	General Claim Submission	Eligibility	Revalidation
10-11:00 AM MT	12/16/2025	1/15/2026	2/17/2026
	12/17/2025	1/20/2026	2/18/2026
	12/18/2025	1/21/2026	2/19/2026
2-3:00 PM MT	12/10/2025	1/8/2026	2/11/2026
	12/11/2025	1/14/2026	2/12/2026
	12/16/2025	1/15/2026	2/17/2026
	12/18/2025	1/20/2026	2/19/2026

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Contact information for Provider Relations Consultants can be found on page [14](#) of this newsletter.

DHW Resource and Contact Information

DHW Website	https://healthandwelfare.idaho.gov/
Idaho Careline	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 prvfraud@dhw.idaho.gov Hotline: 1 (208) 334-5754 Fax: 1 (208) 334-2026
Telligen	1 (866) 538-9510 Fax: 1 (866) 539-0365 http://IDMedicaid.Telligen.com
Healthy Connections Regional Contact Numbers	
Region I Coeur d'Alene	1 (208) 666-6766 1 (800) 299-6766
Region II Lewiston	1 (208) 799-5088 1 (800) 799-5088
Region III Caldwell	1 (208)-334-4676 1 (800) 494-4133
Region IV Boise	1 (208) 334-4676 1 (800) 354-2574
Region V Twin Falls	1 (208) 736-4793 1 (800) 897-4929
Region VI Pocatello	1 (208) 235-2927 1 (800) 284-7857
Region VII Idaho Falls	1 (208) 528-5786 1 (800) 919-9945
In Spanish (en Español)	1 (800) 378-3385

Insurance Verification

HMS PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
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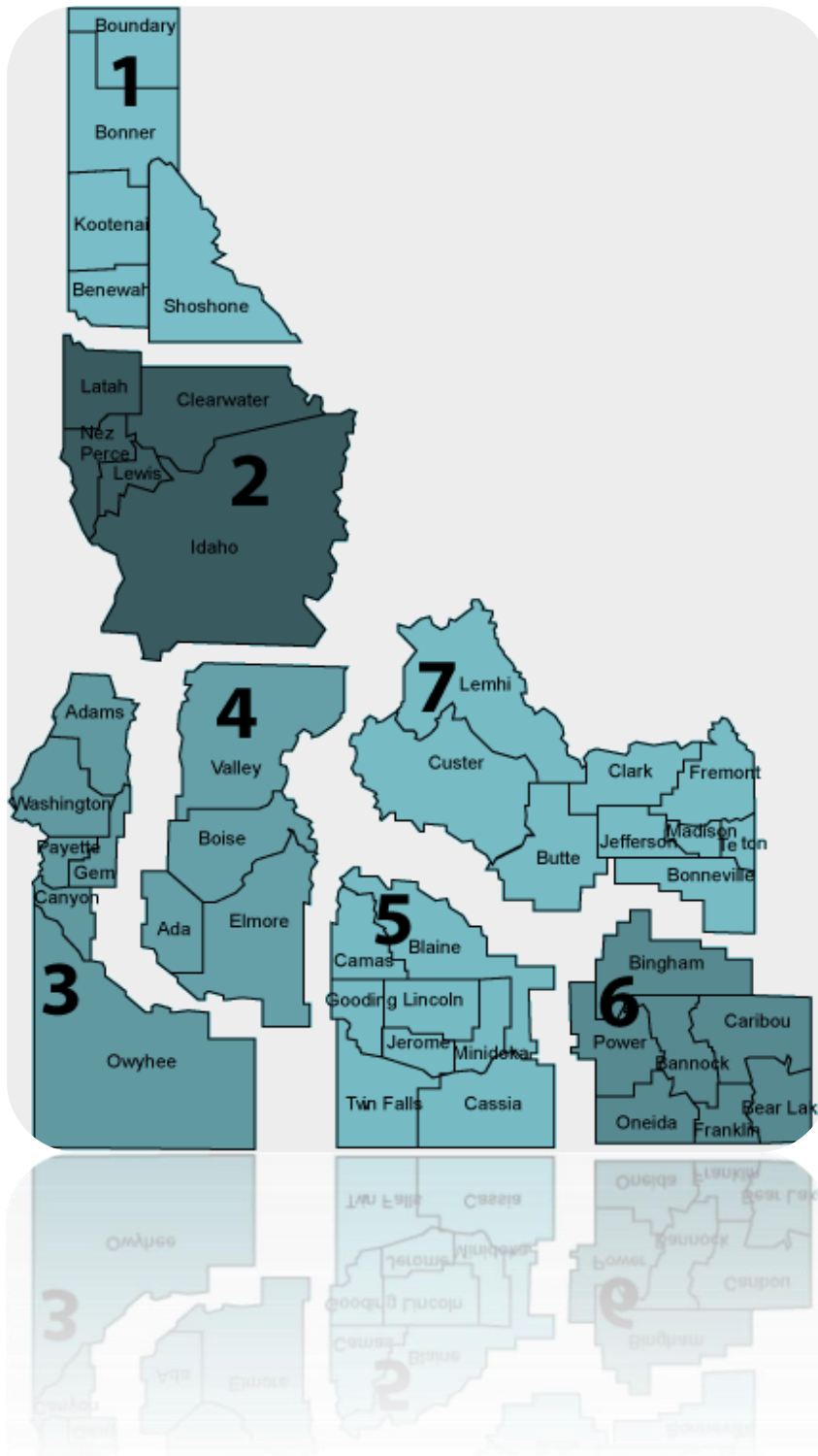
Gainwell Technologies Provider and Participant Services Contact Information

Provider Services	
MACS (Medicaid Automated Customer Service)	1 (866) 686-4272 1 (208) 373-1424
Provider Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4272 1 (208) 373-1424
E-mail	idproviderservices@gainwelltechnologies.com idproviderenrollment@gainwelltechnologies.com
Mail	P.O. Box 70082 Boise, ID 83707
Participant Services	
MACS (Medicaid Automated Customer Service)	1 (866) 686-4752 1 (208) 373-1432
Participant Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT	1 (866) 686-4752 1 (208) 373-1424
E-mail	idparticipantservices@gainwelltechnologies.com
Mail – Participant Correspondence	P.O. Box 70081 Boise, ID 83707
Medicaid Claims	
Utilization Management/Case Management	P.O. Box 70084 Boise, ID 83707
CMS 1500 Professional	P.O. Box 70084 Boise, ID 83707
UB-04 Institutional	P.O. Box 70084 Boise, ID 83707
UB-04 Institutional Crossover/CMS 1500/Third-Party Recovery (TPR)	P.O. Box 70084 Boise, ID 83707
Financial/ADA 2006 Dental	P.O. Box 70087 Boise, ID 83707

Gainwell Technologies Provider Services Fax Numbers

Provider Enrollment	1 (877) 517-2041
Provider and Participant Services	1 (877) 661-0974

Provider Relations Consultant (PRC) Information



Region 1 and the state of Washington

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Region 7 and the state of Wyoming

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

Digital Edition

MedicAide is available online at www.idmedicaid.com. There may be occasional exceptions to the availability date because of special circumstances. The electronic edition reduces costs and provides links to important forms and websites.

**MedicAide is an
informational newsletter for
Idaho Medicaid providers.**

If you have any comments or suggestions,
please send them to:

MedicaidCommunications@dhw.idaho.gov

Medicaid – Communications Team

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